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**MEMBERSHIP FORM**

Please complete the form and return to the address above.

Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone [day] \_\_\_\_\_ [night] \_\_\_\_\_ [mobile] \_\_\_\_\_

Email \_\_\_\_\_

I wish to apply for/renew my membership of Dalcroze Australia from 1<sup>st</sup> July to 30<sup>th</sup> June.

- Accredited Dalcroze Teacher [Intermediate, Certificate, Licentiate or Diploma] \$65
- Associate Member [Individual or Group] \$55
- Student \$40
- Donation \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_

Please indicate your level of qualifications and/or proficiency in the following categories as a guide to the organization of workshops and classes.

	Beginner	Intermediate	Advanced
Dalcroze Eurhythmics experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Movement experience [non Dalcroze]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument 1 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Instrument 2 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Solfege/sight singing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keyboard skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Actor or Theatre Artist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Visual Artist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- MUSIC TEACHER  Early Childhood  Classroom  Tertiary  Private Studio
- MUSIC STUDENT  High School  Tertiary Institution  Private Lessons

**PAYMENT** 1 Cheques/Money orders, made payable to 'Dalcroze Australia'  
2.Electronic Funds Transfer [EFT], pay to Dalcroze Australia, St. George Bank  
Account no. 464424346, BSB no. 112-879. Please identify yourself.